



Examining the Periodontal Examination!

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Shouts of **“How long will it take?”** sound like a phrase that often dominates a family vacation. Instead, it is often the most common question asked by time-pressured hygienists looking for a solution to the clinical challenges of traditional periodontal charting.

A thorough periodontal examination is an essential part of diagnosing and treatment planning for gingival and periodontal diseases. In medically healthy patients, the exam proceeds quickly, but for medically compromised patients, the data gathering process is more time consuming. State and professional laws mandate that a licensed dental professional perform the exam to reduce “silent” periodontal disease progression. However, oral care professionals will admit that they sometimes “screen” or “spot probe” instead of taking the time to document in a responsible and comprehensive manner that includes clinical attachment loss and other important signs of disease. Clinical attachment loss measurements are particularly effective in tracking the progression of periodontal disease.

Hygienists who perform periodontal exams are sometimes frustrated due to a lack of adequate time to collect, interpret and monitor periodontal charting data. They point to some of the shortcomings associated with the exam as outlined below:

Periodontal Exams Are Data Intense

What other health care provider collects and documents an average of 768 notations in 7-8 minutes?

The periodontal examination is one of the most data intense diagnostic areas of dentistry, especially because the disease is site-specific and episodic in occurrence.

Consider a dentition of 32 teeth and 192 probing sites, with 3 to 5 clinical observations at each site; it's possible to chart up to 940 possible notations! Accurately hand recording a large amount of data is much too difficult in today's dental practice. It's unreasonable to assume that the dental hygienist can perform this function alone.

Periodontal Exams Are Time Intense

A survey in RDH magazine stated that approximately 5 to 10 minutes is needed for two people to manually record a periodontal exam.^{XV} Various charting technologies have emerged over the years to enhance the ease and rapid capture of periodontal data.

It's true that time is money, and many practice management consultants recommend advanced, computer-based periodontal charting technologies over manual methods to conserve time and ultimately improve productivity. Regardless of the periodontal software selected, it's important to emphasize that the exam must be completed as efficiently as possible within the confines of a new patient exam or re-care hygiene appointment.

Periodontal Exams Are Clinically Limiting

Hygienists must depend on recording assistance from another person. Another consideration is timing. With periodontal charting, sequence matters! The exam should be performed before the preventive procedure for optimal clinical assessment of the patient. This critical timing is often delayed by the availability of recording assistance.

Periodontal Exams Are Vulnerable to Errors

Unlike dental restorative charting, the lack of standard charting abbreviations for periodontal data prevents the accurate and rapid communication of conditions from the mouth to the chart. The complex terminology for abnormal periodontal findings adds to the tedious nature of the exam.

Manual charting is often unreliable because it takes visual attention away from the patient's mouth and hygienists cannot perform this function alone without compromising good asepsis. Many advanced charting technologies utilize large visual displays and audio feedback to keep users on track – the right data for the right tooth. Silent “spot probing” exams do not reflect the patient's oral health nor do they increase the patient's knowledge of periodontal disease.

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Periodontal Exams Are Poorly Compensated

Until recently, insurance companies classified the periodontal exam as a component of other diagnostic exams.

New ADA insurance codes (DO170 and DO180) allow proper reimbursement benefits for new and existing patients. These codes are often misunderstood and underutilized. Many practice management consultants recommend using them daily in the hygiene department, allowing the exam to become a routine part of patient care. Early detection of periodontal disease can provide additional income to the dental practice as well as obvious benefits to the patient.

Dell Webb, DDS, a noted consultant who specializes in dental insurance and case acceptance, states, "You need to be paid appropriately for your care, skill, judgment, and time. At least charge enough so you can maintain your liability insurance policy."^{XVI}

Periodontal Exams are Often Impersonal and Ineffective

Periodontal examinations are essential to providing patients with the information necessary to make an informed decision about their oral health needs. Traditional methods of collecting, interpreting and monitoring periodontal data are stuck in a time warp in many of today's dental practices. Patients are more likely to understand and accept their disease with visible or tangible evidence that the disease exists. This is not easily accomplished with traditional pen and paper charting and scripted dialogue.

Solving the clinical challenges of traditional periodontal charting may require the practice to make a commitment to change. This change may be for new practice philosophies, purchasing new technologies, or creating a different type of patient scheduling, but it will all be for the better of both patient and practice.

Periodontal exams are tedious and challenging. Usually when we think of solving a problem, we expect an exact solution. With the complex nature of periodontal exams, however, we may have to look instead for an approximate solution and one that is of value to the patient.

Think about improving your communication skills and make your presentations meaningful to your patients. Simplify data collection, look the patient in the eye, and create a lasting emotional connection.

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Practically Speaking by Maureen Murphy Chodaba, RDH

I have never been fond of the expression "patient compliance." Somehow, "compliance" always seems to signify a sense of power or control of one individual over another. I see dental hygiene as a healing profession. I prefer to use the word "synergy" in defining my care and treatment of patients.

From the moment I make physical contact with my patient, that individual becomes an extension of me. I provide care to them by striving for clinical excellence, keeping abreast of the most current information of dental and total systemic health, and delivering that energy and knowledge to them through my hands, my mind and my heart.

The best thing about being a dental hygienist is the gift of human contact. Our patients are our reason for striving to be our best! We give to them through our touch all that we know and all that we can clinically achieve.

There is a tremendous source of power in the universe. Some simply call it "energy." I choose to call it "synergy." All that we give to our patients indeed flows right back to us. When we engage that flow, that momentum of our energy combined with that of the patient becomes phenomenal!